

West Virginia DMV
PO BOX 17010
Charleston, WV 25317

Application for a Driver's License or Photo ID Card

Complete both sides of this application. All requested information is mandatory.



Name _____
LAST, FIRST, AND MIDDLE

Former Names _____
SUPPORTING LEGAL DOCUMENTATION IS REQUIRED BY LAW

Residence Address _____

Mailing Address _____
REQUIRED IF DIFFERENT FROM RESIDENCE ADDRESS

City, State, ZIP code _____

Email Address _____

WV License # _____ Birthdate ____/____/____
MM DD YYYY

Gender _____ Weight _____ LBS Height _____ FT IN

Eye Color _____ Do you wear corrective lenses? ☐ YES ☐ NO

Daytime Phone (____) _____ - _____

Cellular Phone (____) _____ - _____

Social Security Number _____

YOU MUST ANSWER "YES" OR "NO" TO ALL QUESTIONS BELOW, UNLESS YOU DO NOT MEET THE QUESTION'S CRITERIA.

☐ YES ☐ NO
☐ YES ☐ NO Has your address changed since your last License/ID issuance?
If "yes" please list previous address below:

* Please remember WV Law requires you to notify DMV within 20 days after a change of address.

☐ YES ☐ NO Are you a U.S. Citizen? If "no", you must provide your Alien Registration Number below.
Alien Registration # _____

☐ YES ☐ NO Have been issued a license/ID in another jurisdiction in the last 10 years?
List jurisdiction and License/ID # _____

☐ YES ☐ NO Do you have a suspended/revoked license or a pending license suspension/revocation in ANY jurisdiction within the previous five years?
If "yes" you are required to provide a letter of explanation including the date of the incident.

☐ YES ☐ NO Have you been refused a license by any jurisdiction within the previous five years? If "yes" you are required to provide a letter of explanation including the date of the incident.

☐ YES ☐ NO **APPLICANT'S THAT OWE A CHILD SUPPORT OBLIGATION ONLY:** Do you owe an obligation that is more than six months in arrears?

☐ YES ☐ NO **APPLICANT'S THAT OWE A CHILD SUPPORT OBLIGATION ONLY:** Are you the subject of a child support-related warrant, subpoena, or court order?

☐ YES ☐ NO **LEVEL 2 GDL Applicants ONLY:** Have you been convicted of a traffic violation in the past 6 months?

☐ YES ☐ NO **LEVEL 3 GDL Applicants ONLY:** Have you been convicted of a traffic violation in the past 12 months?

☐ YES ☐ NO Do you have any visual/medical condition(s) affecting your ability to drive safely? If "yes" you are required to provide a letter of explanation.

☐ YES ☐ NO Do you wish to be designated on your license as an organ donor?
By checking "yes", I agree that the DMV may furnish my personal information to designated organ donation groups.

☐ YES ☐ NO Do you wish to be designated on your license as diabetic? If so, a licensed physician must certify your condition by completing the MEDICAL ENDORSEMENT section on side two of this application.

☐ YES ☐ NO Do you wish to be designated on your license as hearing impaired? If so, a licensed audiologist must certify your condition by completing the MEDICAL ENDORSEMENT section on side two of this application.

☐ YES ☐ NO **Veterans of the United States Military ONLY:** Do you wish to have the United States Veterans designation on your license? If you choose to have the veterans designation DMV is required to verify your status with your DD Form 214, WD AGO 53, WD AGO 55, WD AGO 53-55, NAVPERS 553, NAVMC 78PD, NAVCG 553, Military Identification Card, or a Current Military license plate registration card. (A CSR may verify status as a current military license plate holder through the vehicle system if an applicant does not have their registration card on hand.)

☐ YES ☐ NO Have you ever experienced seizures or loss of consciousness, emotional or mental illness, alcohol or drug problems, or any physical condition that requires you to use special equipment to drive? If "yes" you are required to provide a letter of explanation.

☐ YES ☐ NO **Ages 18 and up ONLY:** Do you wish to register to vote?

☐ YES ☐ NO **Males age 18-25 ONLY:** Do you wish to register for Selective Service? You are required by Federal Law to register for the United States military draft.

You must complete BOTH sides of this application. An incomplete application will not be processed.

TYPE OF LICENSE / ID APPLICANT WISHES TO OBTAIN

Any valid license / ID issued by any jurisdiction must be surrendered.

<input checked="" type="checkbox"/> \$5 Instruction Permit Level 1 age 15-17	<input checked="" type="checkbox"/> \$5 Instruction Permit "F"	<input checked="" type="checkbox"/> \$5 Duplicate license
<input checked="" type="checkbox"/> \$5 Skills Test Level 2 age 16-17	<input type="checkbox"/> Motorcycle Skills Test/Safety course	<input type="checkbox"/> "For Federal Identification" Federally Compliant Card*
<input type="checkbox"/> Level 3 License	<input type="checkbox"/> Motorcycle Endorsement	<input checked="" type="checkbox"/> \$5 Child ID Card Ages 2 thru 15
<input checked="" type="checkbox"/> \$5 Instruction Permit "E" Age 18 and Over	<input type="checkbox"/> Transfer	<input type="checkbox"/> ID Card Ages 16 and over
<input type="checkbox"/> Skills Test E Age 18 and Over	<input type="checkbox"/> Renewal	<input type="checkbox"/> Secondary ID Card

* Only one state issued Driver's License or ID card per person may be designated "For Federal Identification". If you choose this option you will receive a temporary License or ID card for use until your permanent card arrives in approximately ten (10) business days through UPS.

PHYSICIAN / AUDIOLOGIST CERTIFICATION FOR MEDICAL ENDORSEMENT

I certify that the applicant named herein is ☐ diabetic ☐ deaf ☐ hard of hearing.

(X)

SIGNATURE (PHYSICIAN FOR DIABETIC OR AUDIOLOGIST FOR HARD OF HEARING/DEAF)

MEDICAL LICENSE NUMBER

STATE

ADDRESS LINE 1

OFFICE TELEPHONE NUMBER

LICENSE TYPES AND FEES

The Division of Motor Vehicles makes it easier for you to remember the expiration of your driver's license or identification card. Under the "Drive for Five" program, all driver's licenses will expire in your birth month at an age divisible by five. For example, 25, 30, 35, 40, 45, etc. To help you calculate your renewal period and cost, please refer to the charts below.

FOR APPLICANTS AGE 21 AND UP USE THE SECOND DIGIT OF YOUR AGE TO CALCULATE YOUR LICENSE OR ID FEES.

	1 or 6	2 or 7	0 or 5	4 or 9	3 or 8
YEARS UNTIL LICENSE / ID EXPIRES	4 yrs	3 yrs	5 yrs	6 yrs	7 yrs
FEE FOR CLASS "E" LICENSE	\$10.50	\$8.00	\$13.00	\$15.50	\$18.00
FEE FOR CLASS "X" ID	\$10.00	\$7.50	\$12.50	\$15.00	\$17.50
FEE FOR CLASS "F" ONLY	\$10.50	\$8.00	\$13.00	\$15.50	\$18.00

FOR AGES 16 - 20 USE FEE CHART BELOW

AGE 16	LICENSE CLASSES "E" OR "F" = \$5.00 or ID CARD/CLASS "X" = \$12.50
AGE 17	LICENSE CLASSES "E" OR "F" = \$10.50 or ID CARD/CLASS "X" = \$10.00
AGE 18	LICENSE CLASSES "E" OR "F" = \$8.50 or ID CARD/CLASS "X" = \$7.50
AGE 19	LICENSE CLASSES "E" OR "F" = \$5.50 or ID CARD/CLASS "X" = \$5.00
AGE 20	LICENSE CLASSES "E" OR "F" = \$3.00 or ID CARD/CLASS "X" = \$2.50

I understand that any false statement may result in cancellation or suspension of my license. As a driver's license applicant, I certify that I am not subject to any disqualification, suspension, revocation or cancellation, and that I do not have a driver's license from more than one state or jurisdiction. I do solemnly swear or affirm under penalty of perjury that I am the person named and described herein and that the statements in this application are true and correct.

Males age 18 - 25 only: I understand that I am required to register for the military draft. By submitting this application and answering "yes" to the relevant questions, I am consenting to the release of my personal information to the Selective Service System for draft registration, as required by Federal Law. Furthermore, I understand that failure to register is a violation of Federal Law and conviction for such violation may result in imprisonment for up to five years and/or a fine of not more than \$250,000.

(X)

APPLICANT SIGNATURE

DATE

(X)

PARENT / GUARDIAN SIGNATURE (REQUIRED ONLY IF APPLICANT IS UNDER AGE 18 AND IS APPLYING FOR AN INSTRUCTION PERMIT)

DATE

THE REMAINDER OF THIS APPLICATION IS TO BE COMPLETED BY THE WVDMMV - DO NOT WRITE ANYTHING IN THE SPACE BELOW THIS LINE.

The applicant named herein passed the DMV written test _____ road skills test _____ on ____/____/____ which was conducted at the _____ regional office/test site. The applicant's restrictions are as follows: _____

Examiner's Signature & Unit Number (X) _____

Vision Screening PASSED _____ FAILED _____ Knowledge Exam 1ST _____ 2ND _____

Identification Presented and Scanned

Dates of Examinations